



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

CANDIDATE COMMITTEE
COVER PAGE

05 JAN 31 AM 10:37

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

This Statement covers From: 1 1 04 to 12 31 04
Mo Day Year Mo Day Year

1. Committee I.D. Number <u>0013677550</u>		4. Candidate Last Name <u>STOWELL</u>		First Name <u>AARON</u>		M.I. <u>C</u>	
2. Committee Name <u>TAXPAYERS FOR AARON STOWELL</u>		4a. Office Sought Including District # or Community Served (If applicable) <u>Co. Commissioner</u>					
5. Committee's Mailing Address <u>4619 BLOOMFIELD</u> <u>STORING HTS MI 48310</u> Area Code and Phone <u>(866) 979-6723</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>		4b. County of Residence <u>MACOMB</u>					
6. Treasurer's Name & Residential Address Area Code & Phone () - ()		7. Treasurer's Business Address Area Code and Phone () - ()					
8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone () - ()		9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus Month Day Year 9c. <input checked="" type="checkbox"/> Annual Statement <u>2004</u> Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution Month Day Year By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.					
<small>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</small>							
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record keeper <u>Aaron Stowell</u> Signature <u>[Signature]</u> Date <u>1</u> <u>15</u> <u>05</u> Type or Print Name Mo Day Year Candidate <u>AARON STOWELL</u> Signature <u>[Signature]</u> Date <u>1</u> <u>15</u> <u>05</u> Type or Print Name Mo Day Year							



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

00136 77550

2. Committee Name

TAXPAYERS FOR AARON STOWELL

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$		
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$		(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$		(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	6.78	(22.) \$ 13.56
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$		
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$		(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$		(24.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	3050.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$.24	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$		
15. SUBTOTAL Add lines 13 and 14	(15.) = \$.24	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$		
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$.24	



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**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE**

1. Committee I. D. Number 0013677550
2. Committee Name TAXPAYERS For Aaron Stowell

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>AARON STOWELL</u> Address: <u>4615 BLUMFIELD</u> <u>STERLING HTS MI 4830</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>MAKING COSTS FOR FILING</u> 5. Date Of Receipt: <u>9/16/4</u> 6. Vendor Name & Address: <u>W.S.</u>	<u>6.78</u>	<u>13.50</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		

Page Subtotal
Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
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DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 013677550
2. Committee Name TAXPAYERS FOR AARON STOWELL

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.

Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.

Debt #1 Corp? ☐ Yes
Owed to or by:

DIRECT MAILERS
35518 MOUND
STERLING HTS MI 48310

4. Type of Obligation
(Indicate type and you may assign an expenditure code)
5. Indicate date debt was incurred
6. Indicate original amount of debt

4. Type: MAILING
5. Date Debt Was Incurred: 1/02
6. Original Amount of Debt:
\$ 3050

7. Date and amount of each payment

1 / 1 \$
1 / 1 \$
1 / 1 \$
1 / 1 \$
1 / 1 \$

8. Cumulative payment to date on debt

\$ —

9. Outstanding Balance at close of this period (Item 6 minus Item 8)

\$ 3050.00
☐ FORGIVEN

Amount Endorsed: \$

If bank loan, name of endorser or guarantor:

Debt #2 Corp? ☐ Yes
Owed to or by:

4. Type: _____
5. Date Debt Was Incurred: _____
6. Original Amount of Debt: _____
\$ _____

1 / 1 \$
1 / 1 \$
1 / 1 \$
1 / 1 \$
1 / 1 \$

\$ _____

☐ FORGIVEN

Amount Endorsed: \$

If bank loan, name of endorser or guarantor:

Debt #3 Corp? ☐ Yes
Owed to or by:

4. Type: _____
5. Date Debt Was Incurred: _____
6. Original Amount of Debt: _____
\$ _____

1 / 1 \$
1 / 1 \$
1 / 1 \$
1 / 1 \$
1 / 1 \$

Amount Endorsed: \$

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

3050.00

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

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